Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chris Bubser Victory Fund 611 Pennsylvania Avenue SE ADDRESS (number and street) Suite 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00752006 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mele, Steven, , , Type or Print Name of Treasurer Mele, Steven,,, [Electronically Filed] 07 17 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE		
Can	ididate	Committee:		
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Nam Cand	e of didate			
	didate / Affiliation	Office on Sought: House Senate President	State	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District	
Nam Cand	e of didate			
Par	ty Con	nmittee:		
(d)			Democratic, Republican, etc.) Party.	
Poli	tical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a	
		Corporation Corporation w/o Capital Stock	Labor Organization	
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	•	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	t Fund	raising Representative:		
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	CHRIS BUBSER FOR CONGRESS FEC ID number C C007	701284	
	2.	CALIFORNIA DEMOCRATIC PARTY FEC ID number C C001	05668	
	3.	FEC ID number		
	4.			

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Write or Type Committee Na		Tage <b>o</b>
Chris Bubser	Victory Fund	
	d Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of	the person in possession of committee
	teven, , ,	
Full Name	611 Pennsylvania Avenue SE	
Mailing Address	Suite 143	
	Washington DC	20003
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comn ., assistant treasurer).	nittee; and the name and address of
	teven, , ,	
of Treasurer	611 Pennsylvania Avenue SE	
	Suite 143	
	Washington	20003
	CITY STATI	E ZIP CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent	ee, Lauren, Decot, ,					
Mailing Address	611 Pennsylvania Avenue SE					
	Suite 143					
	Washington CITY STA					
Title or Position Assistant Treasurer						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
A	malgamated Bank 1826 K Street NW					
Mailing Address						
	Washington	DC   120006   1				
	Washington	JO    20000				
	CITY STA					
Name of Bank, Depo						
Name of Bank, Depo						
Name of Bank, Depo	ository, etc.					
L	ository, etc.					
L	ository, etc.					